

<b>Case Number:</b>	CM15-0182769		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old male who sustained an industrial injury on 2-8-14. A review of the medical records indicates he is undergoing treatment for quadriplegia at the C7 level, malignant essential hypertension, and gastroesophageal reflux disease. He is status post ventricular fibrillation arrest. Medical records (5-22-15 to 8-10-15) indicate that the injured worker is receiving physical therapy for upper extremity weakness. He is noted to use a wheelchair for mobility and reports cervical pain when "pushing his wheelchair long distances". He reports discomfort when he sleeps on his right side. The physical therapy report (8-7-15) indicates that the sensation in his bilateral upper extremities has "not improved and still cannot make a fist". The report states that his bilateral neck pain and discomfort are "reduced" following "light prolonged stretching". The report indicates that the injured worker is "compliant" with his home exercise program and is "making good gains towards increasing strength". The PR-2 (8-10-15) indicates that he has "no current active issues". The injured worker reports that he would "like a standing frame". The utilization review (8-17-15) includes a request for authorization for a standing frame. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Standing frame:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Procedure Summary Online Version, Durable Medical Equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Overview of geriatric rehabilitation: Program components and settings for rehabilitation.

**Decision rationale:** This injured worker has C7 quadriplegia which is chronic. He uses a wheelchair for mobility and is making gains in strength of his upper extremities with physical therapy and his home exercise program. The medical records do not substantiate the goals for use of a standing frame with regards to his function or pain. The medical necessity of a standing frame is not substantiated in the records.